

INTERVIEW AND INTAKE SHEET

OMB # 1545-1964

Instructions: This form will be used by screeners, preparers, or others involved in the return preparation process. Please complete all information. The partner or site may request additional information. The service statement and request for the taxpayer's signature(s) on page 2 must be included on partner in-take forms used in lieu of this IRS Form 13614.

- You will need:**
- | | |
|---|--|
| <input type="checkbox"/> Valid Picture I.D. | <input type="checkbox"/> Form 8332 or copy of divorce decree for non-custodial parent claiming child |
| <input type="checkbox"/> Copies of ALL W-2, 1098, 1099 Forms and the amount of other income received by you and your spouse | <input type="checkbox"/> Proof of Account Number and Routing Transit Number of the financial institution for direct deposit into a savings or checking account |
| <input type="checkbox"/> Tax Identification Number (TIN) for you, your spouse and any others shown on the tax return | <input type="checkbox"/> Copy of prior year's tax return, if available |
| <input type="checkbox"/> Provider's address and Tax Identification Number for Child/Dependent Care Credit | |

| | | | |
|---|------|---|----------|
| Your First Name | M.I. | Last Name | |
| Spouse's First Name | M.I. | Spouse's Last Name, if different | |
| Address | City | State | Zip Code |
| Telephone Number: Daytime | | Evening | Cell |
| Your Date of Birth (mm/dd/yyyy) / / | | Spouse's Date of Birth (mm/dd/yyyy) / / | |

Critical Data

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|---|---|
| Check if U.S. Citizen or resident alien all year: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse | Check if lived in U.S. for more than 6 months: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse |
| Check if Legally Blind: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse | Check if Permanently Disabled: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse |
| As of December 31st were you: <input type="checkbox"/> Single <input type="checkbox"/> Legally Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | |
| If married, were you living with your spouse at anytime during the last 6 months of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Is your spouse deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date spouse died (mm/dd/yyyy) / / |
| Can your parents or someone else claim you or your spouse as a dependent on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did you provide more than half the cost of keeping up a home for the year? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has the Earned Income Credit been disallowed by IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Family and Dependent Information

List everyone who lived in your home and anyone living outside your home that you or your spouse supported during the tax year. For example: Son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them, also mother or father. **Do not include yourself or your spouse.**

| First Name | Last Name | Date of Birth (mm/dd/yyyy) | Relationship to you | Months in home, *see Special Rules below | US Citizen, Resident of US, Canada or Mexico | Did person file joint return? | Is child a full-time student or permanently and totally disabled? | Did child provide more than 50% of their own support? | Did you provide more than 50% of their support? | Did the person have Gross Income of \$3200 or more? | Is person qualifying child of another person? |
|------------|-----------|----------------------------|---------------------|--|--|-------------------------------|---|---|---|---|---|
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***Special Rules** for parents who are divorced or legally separated or lived apart at all times during the last 6 months of the year. If the child lived in your home for less than half of the calendar year:

- Did one or both parents provide over half of the child's total support? ☐ Yes ☐ No
- Is the child in custody of one or both parents for more than half of the year? ☐ Yes ☐ No
- Did the custodial parent sign the Form 8332 or similar statement releasing the exemption? ☐ Yes ☐ No

During the tax year did you, your spouse, or anyone in your household:

| | | | |
|--|--|--|---|
| Receive any investment income (For example: interest or dividends)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pay student loan interest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive a distribution from an IRA or retirement plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Attend college or vocational school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive Social Security payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Own a home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive unemployment payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pay for child/dependent care that allowed you to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have income that was not reported on a W-2 or 1099? (For example: gambling winnings, jury duty, alimony or self employment income) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Can someone other than you use your child to claim the EITC? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Make contributions to an IRA or a retirement plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Authorization

- Do you authorize the retention of Form 13614, Interview and Intake Sheet, to help with the processing of your tax return? ☐ Yes ☐ No
- Do you authorize the retention of your electronic tax return information for subsequent return preparation? ☐ Yes ☐ No
- Do you authorize the retention of your name, address, and telephone number for the purpose of mailing of product and/or services that may be of value to you? ☐ Yes ☐ No

Note: Answer all three questions, each one stands on its own merit.

Service Statement: You will not be denied service if you do not authorize any of these retention options. The information retained will not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes. This information will be properly disposed of when no longer needed and retained no longer than 3 years from the due date of the return.

Signature

Date

Interview Notes:

- (Volunteer Use Only: Be sure to note anything that changed on this intake sheet because of your interview. Coordinator and IRS Site Reviewer will use this information to verify accuracy of return.)

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.